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The Value of Social Hygiene to a Community

Dr. Gordon Bates,

General Secretary, Canadian Social Hygiene Council

IT has long seemed to the thoughtful observer that the scope of the health officers' activity must be ever increasing and widening. The necessity for such an officer has, of course, become ever more obvious as our knowledge of the means whereby disease may be transmitted has become generally known, together with the necessity for developing more and more elaborate machinery if disease with its resultant disability, mortality, distress and social disorganization is to be prevented.

Up to the present the attack on disease has been of a frontal character and the means used very largely medical. Typhoid fever has been controlled by a clear understanding of the means whereby the Bacillus Typhus is transmitted. Proper sewage disposal, purified water supplies —aided perhaps nowadays by typhoid inoculation as an adjunct—and the job is done. On the whole a piece of work accomplished by the application of scientific principles through the activities of a scientifically trained staff. The background has been largely of a laboratory character —the achievement of results comparatively simple once the problem is understood.

Some diseases, as for example, diphtheria and scarlet fever, present somewhat more difficult problems. In this case rapid and effective diagnosis, if it could be effected in all cases, would stamp the disease out. In the absence of the Schick Test and the possibility of immunizing the problem is very largely one of education with the odds very much against a hundred per cent. success. With the possibility of developing an immunizing scheme again the problem is a matter of public education with a much better chance of success for with an immunized population the health officer could view the situation with considerable equanimity. The difficulty of educating the general public in the dangers of such a

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disease as diphtheria and the means for its prevention constitutes an example of the ever broadening type of work being done by health officers and the ever increasing difficulty of making it effective.

There is a great deal of difference between the measures used for the control of this disease in the past and the measures which must be used in the future if the disease is to be really stamped out, and this end may well be considered to be a practical ideal.

Without attempting to survey all the work of the health officer I am mentioning one or two of his activities with the idea of providing an introduction to my few remarks on the subject of Social Hygiene. The control of milk supplies, the organization of well-baby clinics and child hygiene generally, medical inspection of schools, public health education generally, the control of general sanitation, the establishment of quarantine for various types of disease as they arise—these are all problems with which the average health officer is familiar. I question, however, whether sufficient thought has been given to health or social hygiene in their broader aspects.

Many people compare the term Social Hygiene with the control of Venereal Disease. As a matter of fact Social Hygiene includes the control of venereal disease but this particular field is only a small portion of a much larger field which indeed includes all of public health, differing from it in that it includes measures for creating a better organized society and measures for conserving the health of future generations as well as this.

The Venereal Disease question has been the specific problem which has brought to public attention the necessity for a social hygiene movement. May I review one or two of the salient factors in connection with these diseases. Some of them we are very likely to forget unless considerable emphasis is laid upon them year by year.

The statement made by the British Royal Commission on Venereal Diseases to the effect that 10% of the people living in the cities of Great Britain are infected with syphilis, that there are more cases of gonorrhoea than of syphilis, and the fact that these diseases are common to all countries makes it clear that they are more widespread than any other diseases. I imagine that many among us attach only an academic significance to such a statement and are inclined to say, "Well, certainly, no such condition of affairs exists in my community". Don't be so sure. I would commend to your attention Osler's familiar oration on Syphilis delivered before the Medical Society of London in 1917, appearing in the Lancet of May 26, 1917, for a clear cut explanation of why syphilis is so frequently undiscovered during the lifetime of a syphilitic and why its unfortunate victim so frequently passes to another world under the protection of a perfectly innocuous and non-committal death

certificate signed not infrequently in perfectly good faith by his family physician.

May I remind you of the very high percentage of syphilitics discovered by means of the routine Wassermann reaction in large hospitals. The percentages have run as high as 20 to 30 per cent. Surprising as such statistics are no less so is the discovery of the large percentage of such patients who are utterly unaware of the existence of such an infection. The results of this condition of affairs consist in not only increased mortality in the infected group but frequently the passing on of further infections to innocent persons.

I would like to give you several examples of the latter result, but two will suffice out of many.

Case No. 1.—In the City of Brantford a man applied to the City for relief. He was found to be suffering from rheumatism and a blood test was done which proved that he had syphilis. This man was placed under the Act and his family investigated with the following results:

The eldest child was partially blind and deaf.

The next two children were deaf and dumb.

The fourth was a cripple.

The fifth was an idiot.

The sixth mentally defective.

The seventh, 11 months, gave a positive Wassermann reaction.

The man and all of the children have syphilis and 4 plus positive Wassermanns. They were all placed under treatment.

. . . . . .

Case No. 2.—The following is the family history of a mother under treatment for V.D.S. The children have been referred to the Health Department for examination.

Married in 1897—Husband Jiacoma, aged 43.

1st child—Died 16 mos. Meningitis.
2nd—Miscarriage at 4 months.
3rd—Child alive and well.
4th—Died at 16 mos. of pneumonia and meningitis.
5th—Died at 12 mos.
6th—Anthony, age 16, alive and well.
7th—Albert, age 13, alive and well.
8th—Paul, age 12, alive and well.
9th—Dead at birth.
10th—Dead at birth.
11th—John, age 7, not well, mentally dull.
12th—Dead at 14 months—pneumonia and meningitis.
13th—Born dead.
14th—Miscarriage 3 years ago.

Case No. 3.—L. Family. Married 1908.

Father—General paralysis of the insane as a result of syphilis.

Mother—A syphilitic.

History of pregnancies:

1st—Daughter age 15 years.

2nd—Still birth.

3rd—Age 12.

4th—Age 8.

5th—Age 6.

The entire family is syphilitic. The mother and children undergoing hospital treatment. The father is in the asylum.

. . . . . .

Case No. 4.—Mr. T. reported, not feeling well, and was found to have syphilis. His wife was asked to report. She was also found to be infected.

The family history is as follows:

Charlie, age 13 years—Very strongly positive—mentally very dull.

1 child died at 8 months.

Elsie, age 10 years—Very strongly positive.

Hazel died—7 months.

Miscarriage—1.

Joseph, age 8 years—Very strongly positive.

Pearl—Negative.

Florence—Negative.

Baby—Negative.

The family are living in the basement of a house. They started to build two years ago but only the frame work is up. They are very crowded; the basement is very poorly lighted. At intervals they become public charges. The outlook is very poor for the family as the children are all very dull and are not getting on at school. Charlie, age 13, is only in the second book.

Mrs. T. married twice. As a result of the first marriage there are two healthy boys.

Venereal Diseases as a cause of disability rank very high. Blindness, insanity, heart disease, feeble-mindedness, deafness, locomotor ataxia, and various other types of chronic disability, are results which provide social and economic problems, the origin of which our legislators unfortunately know little about.

Blindness is a serious problem which costs our country much in terms not only of human happiness but in terms which any business man can understand. The actual cost of blindness in this country is said to be from $750,000 to $1,000,000 per year. You will recall the

fact that the Ontario Government is spending about $80,000 a year on the Institute in Brantford alone. Most of this is preventable.

The British Royal Commission report states that in the London County Council's school for the Blind, about 57% of all the blindness was due to either gonorrhoea or syphilis. This specific phase of the prevention of blindness problem places squarely before us not only the general matter of preventing Venereal Diseases but also a question as to how much more can be done in the direction of ensuring the use of preventive measures in the eyes of all new-born children. Obviously this recognized method of preventing Ophthalmia neonatorum is not effectively applied yet in spite of all our methods.

All of these tragedies cost our country a great deal. In the first place it is not well that an appreciable percentage of the people of this Dominion should be below par—that thousands should be withdrawn unnecessarily from industry, that thousands should die before their time, and that the number of dependents and deliquents should be multiplied by the number of families robbed of bread-winners—and one should say in passing again that the problems of Social Hygiene have to do not only with the problems created by Venereal Diseases but with those created by all disease.

A moment's review of some of the cost of disease in terms of dollars and cents will be of interest.

Imagine the sum of $50,000,000 invested in Insane Asylums in this Dominion. How much of this cost is preventable?

Imagine the sum of $7,000,000 yearly expended for the upkeep of these institutions and $25,000,000 annually stated authoritatively to be the cost of end results annually.

Or consider the sum of $1,160,000 spent annually in this province for the care of Tuberculosis in sanatoria plus $225,684 distributed from the Mothers' Allowances Board because of tuberculosis in families. How much of this will ultimately be necessary.

Or consider the total of nearly $2,000,000 distributed through the Mothers' Allowances Board in this province alone for the cure of dependents generally. How much of this is made necessary because of the *unnecessary* deaths of bread-winners.

Or consider if you will the enormous number of persons unnecessarily ill constantly present in our hospitals. Their number is legion. How many it is we do not know but obviously we should know more.

These, then, gentlemen, are some of the problems with which we are confronted.

Great numbers of persons constantly unnecessarily ill.

Many persons with incipient disease of which undiscovered syphilis is only one.

Many new cases of disease developing because of deficiencies in our methods of public education.

Many persons not in hospitals constantly ill, not under medical care but likely to drift into hospitals.

Institutions unnecessarily cluttered up.

Increased and unnecessary mortality, as a result expensive dependency and delinquency, unemployment, etc.

In considering the significance and the vastness of problems such as these one thing which has always impressed me has been that we have never seemed to realize that we must organize to attack. It is not sufficient for us to read papers at annual meetings and impress ourselves with the necessity for doing something *by* ourselves but we must realize that as serious economic and social results ensue from our neglecr-ing to solve problems such as these so economic and social factors create the problems for us. That it is not sufficient for us to try to understand but so emphatic and widespread is the machinery which creates disease that we must widen our front in our attempt to educate the public and make some attempt to make everyone believe in the great importance of organizing for health if the nation is to survive.

For example, many of us as health officers know excellent schemes for the conserving of the health of our communities, our province and Dominion. I venture to say that the great essential, if we are to succeed, is money. Parliaments, legislatures and city councils must vote real money if we are to have full-time health officers, district or local, if we are to have apparatus expensive or otherwise for laboratory, publicity, if we are to have public health nurses or any of the other officials or machinery which we need to carry on with.

All of this necessarily implies parliament, legislatures and municipal councils fully informed on the essentials of public health and so educated in the necessity for conserving human health that there will be no question as to whether or not public moneys will be expended for health purposes. Has this fact been fully realized? Have legislatures always been fully educated? If not has public health progressed as rapidly as it might?

Again the people who elect legislators should know something about public health in order that they may urge legislators to vote intelligently on public health laws or initiate public health legislation, or vote money for public health purposes and in order that public health measures may be discussed intelligently on the public platform, yes, and on political platforms.

To what extent have all of us done our duty in educating public opinion along these lines?

My own opinion is that public health will advance only in so far as

the public supports it, and that the man on the street who constitutes the public will only support public health in so far as he is constantly kept informed.

May I also point out that the public includes many types of "the man on the street" and that the support of all of them is necessary. The case of the legislator is obvious, no less obvious is the case of your fellow physicians. It seems to me that every physician is potentially a health officer and that his function should be as rapidly as possible transformed to a preventive one. He should be doing Schick tests rather than treating unnecessary diphtheria. Doing routine health examinations rather than treating unnecessary disabilities which result from the lack of such procedure, conducting well-baby clinics in his own office, helping to see that school children do not develop unnecessary disease, that workers in industry are not subjected to unnecessary risks, that disease is not transmitted unnecessarily from one generation to another.

In this country the general principle that public co-operation is essential if we are to make a success of schemes for the control of disease was recognized when we initiated the general plan for the control of Venereal Diseases. This scheme involved a stimulating contribution of $200,000 yearly on the part of the Dominion Government—given only on condition that the provinces contribute an equal amount. This provision has stimulated health expenditure in all of the provinces. Under this scheme for the first time the Dominion and the provinces co-ordinated their efforts in health matters.

The desirability of enlisting public support was recognized in the subsidizing to some extent of the National Council for Combating Venereal Diseases. This organization rapidly recognized the fact that its duty was much wider than merely doing propaganda in favour of the treatment of Venereal Diseases, but that in view of the fact that social organization itself must be affected if the diseases in question were to be efficiently attacked, the real field of the organization was Social Hygiene —a wider field than public health as it has been understood in the past. The rapid discovery of the fact, for example, that there is much syphilis of a type not likely to be discovered by our present methods forces one to think of the many other types of incipient disease which could be checked were a general routine physical examination of the population done. Similar discoveries exemplified in the cases of infected families which I have reported here make one consider the desirability of some type of education or procedure which will protect the married state, persons entering matrimony and future generations. Surely with the information we already have at our disposal there should be a guarantee af a birthright of health. Perhaps in passing I should make

some mention here of the desirability for better pre-natal work both by private physicians and by the state. The properly organized pre-natal clinic is at present largely characterized by its absence in most communities.

Recognizing the significance of the facts and suggestions noted above here in Ontario the Social Hygiene Council has commenced the organization of local units in many municipalities and counties, and here may I acknowledge with gratitude the assistance which many of our health officers have given in getting these branch Social Hygiene Councils started.

Generally the first step in getting a Council going has been the attraction of public attention by means of the so-called Social Hygiene Exhibit. This exhibit is loaned by the Provincial Health Department and manned by officials of both the Department and the Social Hygiene Council. It consists of wax models depicting the ravages of disease, about two hundred posters, with moving pictures and lantern slides. It is sent from place to place and remains in each town or city for generally one to two weeks. During its stay various types of lectures are given to selected audiences, and an effort is made to get the co-operation of all the units in the community—starting with the organized medical profession to make a success of the effort.

During the last year this exhibit has been shown in St. Catharines, Galt, Sarnia, Brantford, Fort William, Port Arthur, Ottawa, Welland, Crowland, Niagara Falls.

Unquestionably the result has been the arousing of a much greater interest in public health generally.

An effort is made to leave behind a permanent Social Hygiene Council in each community visited, and it is hoped that we may be able to map out a programme which will keep all of these local units busy on some type of public health work under the leadership of, or with the co-operation of, the local health officer and with the co-operation not only of the local medical profession, but also that of the other organized groups in the community.

I see no reason why such groups as these should not be of material assistance in trying to correct locally some of the community deficiencies and some of the community leaks which develop because of unnecessary disease, deficiency and death which have developed in the past because of the idea that public health is more or less of a one man job and that it is not necessary to organize your community if you are to get results.

To achieve the ideals of public health in its wider sense one requires not only the technical assistance we have had in the past but the assistance and active co-operation of an entire population fully educated in what we are anxious to achieve and willing to render that voluntary assistance in which each may be most useful.

The organization of these Social Hygiene Councils is with this idea. The Social Hygiene Council is not a voluntary organization in the ordinary sense of the word, but your machine to be used with the purpose of making your work more effective.

May I urge that you investigate further, that you form Social Hygiene Councils where they do not exist, that you use Social Hygiene exhibits, and that you help to develop further a machine which promises much for the health and welfare of your community and the country at large.

On Maternal Mortality in Canada

By HELEN MACMURCHY, M.D.
Director of Child Welfare, Department of Public Health, Ottawa

IN the course of a debate upon another subject, in the House of Commons on July 17th, 1924, Mr. Davies, M.P. for North Battleford, made a reference to maternal mortality, quoting from the pamphlet "Issued by the Meeting Lake Development Association. Representing Rural Municipalities Numbers 466, 467, 497, 498", read the following: "There is no doctor living in this whole area. The nearest doctors available in cases of great need live in the towns along the lines of railway to the south and west, a distance of thirty to seventy miles. The same applies to hospital provision. With an estimated population within the four municipal areas of 4,500 it is easy to imagine the amount of distress and suffering that exists through lack of medical attention. Owing to the costs of obtaining medical advice, in most cases running from $30.00 to $70.00 a visit, it is only in extreme cases that medical aid is brought in, and when this occurs in the winter months the suffering is increased tenfold. During the last five years there have been over 800 births in these four municipal areas and out of these only sixty or approximately 7 per cent. had medical attention. In many of our little cemeteries there is a mound that covers the remains of some pioneer mother who has paid a penalty that would have been avoided had medical aid been obtainable."

In consequence of numerous letters and reports addressed to the Minister of Health a memorandum upon the present state of affairs in regard to maternal mortality in Canada was prepared by direction of the Deputy Minister of Health and laid before the Dominion Council of Health, December 16th, 1924.*

The questions raised by reports regarding the lack of care given mothers at the time of childbirth, and the consequent high mortality rate existing in Canada may be summarized as follows:

1. What is our mortality rate in Canada?
2. How does it compare with the maternal mortality of other countries?
3. Is it excessive?
4. What proportion of births occur with no medical or nursing care for mother and child?

*At the request of the Council the following summary of this memorandum has been made for the Conference on the Medical Services in Canada.

5. Are medical fees too high?

6. What recent inquiries have been made into maternal mortality and related subjects, such as puerperal sepsis, and with what results?

What is our maternal mortality rate?—The total number of deaths in Canada owing to childbirth in 1922 reported to the Dominion Bureau of Statistics was 1,248. This makes the mortality rate per thousand births 4.9 per cent. for all the provinces of Canada so far as can be stated at present, and includes the figures supplied by the provincial authorities in Quebec. For the eight provinces of Canada which form the Canadian registration area, the maternity mortality rate was 5.5 per thousand births.

The following table gives the rate for each province:

TABLE I

MATERNAL MORTALITY—INFANT MORTALITY

DOMINION BUREAU OF STATISTICS—1922

Provinces	*Births According to Population*			*Maternal Mortality in Child-Birth*		*Infant Mortality Under One Year*	
	Total Population Census of 1922	*Total Number of Births*	*Rate per 1,000*	*Total Number of Deaths*	*Rate per 1,000 Births*	*Deaths under One Year*	*Rate per 1,000 Births*
Alberta	611,281	16,163	26.4	111	6.9	1,475	91.3
British Columbia	539,036	10,166	18.9	63	6.2	692	68.1
Manitoba	626,436	17,679	28.2	99	5.6	1,669	94.4
New Brunswick	392,381	11,564	29.5	59	5.1	1,194	103.3
Nova Scotia	528,207	12,693	24.0	70	5.5	1,239	97.6
Ontario	2,981,182	71,430	24.0	370	5.2	5,921	82.9
Prince Edward Island	88,307	2,160	24.5	8	3.7	153	70.8
Saskatchewan	785,832	22,339	28.4	127	5.7	1,913	85.6
Quebec*	2,402,287	88,377	36.7	341	3.85	11,297	127.8
Canada	8,954,949	252,571	28.2	1,248	4.9	25,553	101.2

The above figures are for the year ending December 31, 1921, and 1922, except in the case of Quebec, where the figures are for the year ending June 30, 1920.

*From the Annual Report of the Division of Statistics, Provincial Bureau of Health, Province of Quebec.

It would appear probable, however, that our maternal mortality is higher than these figures indicate. An inquiry on maternal mortality in Ontario made by the provincial department of health under the direction of Dr. J. W. S. McCullough, Chief Officer of Health, and Dr.

TABLE II

MATERNAL MORTALITY RATES BY RURAL AND URBAN FOR THE REGISTRATION AREA, 1922

Province	Rural			Urban			Total		
	Births	*Maternal Deaths*	*Rate per 1,000 Births*	*Births*	*Maternal Deaths*	*Rate per 1,000 Births*	*Births*	*Maternal Deaths*	*Rate per 1,000 Births*
Prince Edward Island	1,751	5	2.9	409	3	7.3	2,160	8	3.7
Nova Scotia	6,914	36	5.2	5,779	34	5.9	12,693	59	5.5
New Brunswick	7,874	25	3.2	3,690	34	9.2	11,564	70	5.1
Ontario	29,343	121	4.1	42,087	249	5.9	71,430	370	5.2
Manitoba	9,554	42	4.4	8,125	57	7.0	17,679	99	5.6
Saskatchewan	17,497	74	4.2	4,842	53	10.9	22,339	127	5.7
Alberta	9,483	60	6.3	6,679	51	7.6	16,163	111	6.9
British Columbia	3,217	16	5.0	6,949	47	6.8	10,166	63	6.2
Total	85,637	379	4.4	78,557	528	6.7	164,194	907	5.5

W. J. Bell, pediatrician to the department, shows a definite increase on the figures given in the table to the extent of about 25 per cent.

At the request of the department of health another table has been prepared by the Dominion Bureau of Statistics, showing both the urban death rate and the rural death rate in every province in Canada. All villages under 1,000 in population are classified as rural.

TABLE III

MATERNAL MORTALITY IN CANADA AND OTHER COUNTRIES

Year	*Country*	*Number of Maternal Deaths*	*Rate per 1,000 Births*
1922	Denmark	146	2.0
1922	Netherlands	454	2.5
1918	Sweden	304	2.5
1916	Italy	2,351	2.6
1920	Switzerland	235	2.9
1923	England and Wales	2,892	3.8
1922	Australia	621	4.5
1923	Spain	3,010	4.6
1923	Irish Free State	297	4.8
1923	North Ireland	148	4.9
1920	Germany	7,865	4.9
1922	New Zealand	149	5.1
1922	Belgium	827	5.4
1922	Canada (Registration Area)	907	5.5
1916	France	1,895	6.0
1923	Newfoundland	46	6.2
1923	Scotland	718	6.4
1922	United States (Registration Area)	14,657	6.6

Is this mortality rate excessive?—Florence Nightingale wrote many years ago: "Childbirth is neither disease nor an accident, and mortality attending it is not to be counted as so much inevitable loss; on the contrary a death in childbed is almost a subject for an inquest. It is nothing short of a calamity which it is right we should all know about, in order to avoid it in the future."

In an address given recently Professor W. W. Chipman, of McGill University, stated as follows: "The case stands strongly against us; the mother in the prime of life, the most valuable citizen in the community, dying from a preventable disease."

The London *Times*, August 2, 1924, in an editorial states: "The high childbed mortality in England is one of the dark blots on our health record, and can be removed only on condition that mothers and those who attend them understand the character of the risks involved."

It has been recently recognized that maternal mortality in childbirth is to a great extent preventable.

What should we regard as a satisfactory maternal mortality rate?

Major Ross, R.A.M.C., stated at the discussion on this subject at the British Medical Association meeting in 1924 (section of obstetrics and gynaecology) that he had found it to be not over one in 2,000. Professor W. W. Chipman questions this statement, and considers that a mortality of two in 1,000 is about as low as can be obtained with the best of care.

The desirability of pre-natal care.—To secure the best results pre-natal care is demanded. It was so recently as 1900 that the late Professor J. W. Ballantyne of Edinburgh proposed that ante-natal care should form a special and separate department of the work of a maternity hospital; and the first ante-natal hospital ward was established by Dr. Ballantyne in the maternity department of the Edinburgh Royal Infirmary in 1921.

The good results of pre-natal care are shown by figures quoted by Dr. J. W. S. McCullough and others in 1920 from the records of the Burnside maternity department of the Toronto General Hospital.

Maternity mortality per 1,000 births in public wards, no pre-natal care 35
Maternity mortality per 1,000 births in semi-private wards 8
Maternity mortality per 1,000 births in public wards, supervised and pre-natal care 4

As showing the possibilities of what may be done in rural communities I would quote a statement made at the discussion in the section of obstetrics (*Brit. Med. Jour.*, Aug. 8, 1924) at the last meeting of the British Medical Association by Dr. E. K. MacKenzie, Tain, Rosshire, who travelled 11,200 miles, paid 3,700 visits and gave 2,400 consultations annually, and states that since 1915 he has had 680 confinements, 224 primiparae, with eleven still-births and no maternal deaths and no puerperal fever.

He says: "The contention that in general practice there is no time for ante-natal care is baseless, as I have also found the statement that patients resent such attention.

"Ante-natal care not only removes the anxieties of my practice but simplifies my procedure and in the end makes my actual work less."

Dr. Janet Campbell says that without pre-natal care "a comparatively simple event becomes one of dangerous urgency."

As regards the proportion of births occurring in the western provinces with no medical or nursing care for mother or child, the following statistics received from the Province of Saskatchewan are the most complete available.

Total births for 1922.....22,815
Total births attended by a physician, 15,001, or roughly 66 per cent.
Total births attended by a nurse only, 182, or roughly 1 per cent.
Total births attended by neither physician nor nurse, 7,632, or roughly 33 per cent.

It is stated that in other provinces the number of mothers who receive no medical care at child-birth varies from 10 per cent. to 50 per cent. In the United States Registration Area the corresponding figure is said to be 30 per cent.

No regulations regarding the practice of midwifery by trained midwives or official recognition of them is taken in the following provinces: Alberta, British Columbia, Manitoba, New Brunswick, Ontario, Prince Edward Island, Saskatchewan. In Quebec midwives are licensed by the College of Physicians and Surgeons of Quebec. In Nova Scotia "The only regulations respecting midwives, so far as this province is concerned, are those contained in the Medical Act. The Act states that nothing shall prevent any competent female from practising midwifery in this province, except in the city of Halifax. In the city of Halifax no female shall practise midwifery unless and until she fulfils such conditions as the medical board by regulations or by-law appoints, and satisfies the examiners appointed by the board. A diploma or certificate from a recognized hospital may be accepted in lieu of an examination."

Information received by the department would also appear to show that, in addition to the great need of better medical and nursing care, pre-natal, obstetrical and post-natal, the difficulty, often the impossibility, of getting any help in the house, even during the first ten days after the birth of the baby is a cause for maternal morbidity and mortality in Canada. Therefore at the request of certain provincial authorities an outline has been drafted intended to assist in providing "Home Helps" for a mother under these circumstances. This help is also necessary for the home and the children, if the mother goes to the hospital at this time.

What recent inquiries or investigations have been made into maternal mortality?—A great change has taken place especially in the last three years, in the attitude of the profession in regard to maternal mortality.

It has always been recognized that maternal mortality in child-birth is to a great extent preventable. The work of Semmelweis in 1847, of Lister in 1873, of Pasteur, who in 1880 cultivated streptococci from cases of puerperal fever, and of Dr. Oliver Wendell Holmes about the same time, indicated this. In spite of this fact maternal mortality declined very slowly.

At the eighty-eighth annual meeting, British Medical Association, 1920, section of obstetrics and gynaecology, Herbert Williamson, M.B., F.R.C.P., president, made the following introductory remarks:

"Our meeting this year is one of peculiar importance, for we see on the horizon the dawn of an era in obstetrics. We have realized that in the interests of the state—nay, in the interests of humanity itself—it is desirable to amend and to amplify the training of those who are to succeed us in the practice of obstetrics. The state is awakening also to the fact that in the past it has failed to discharge its debt to the mothers of the race and has grossly neglected the things which make for their safety and happiness; there is to-day a sincere desire to correct these errors, and the questions involved are receiving an earnest and disinterested consideration such as has never been accorded them before.

We have to realize more and more that obstetrics is essentially a branch of preventive medicine. I do not think it is speaking too strongly to say that it is the most important branch of preventive medicine. The dangers of child-birth are to a great extent preventable, and the more clearly this idea is grasped and acted upon by the medical profession and the general public the lower will be puerperal mortality and morbidity."

What steps should be taken by the profession or by the department of health to improve the conditions under which child-birth takes place demands the attention of this Conference. It is a matter, however, which would appear to be the concern chiefly of the several provincial boards of health.

Radio Talk

A Brief Outline of Preventive Medicine

By Dr. L. A. Pequegnat

THROUGH the kindness of CKCL I am permitted to give the sixth of the series of talks under the auspices of the Canadian Social Hygiene Council. Time permits giving only a very brief outline of the development of Preventive Medicine.

The art of Medicine, as a whole, undoubtedly took its root in the sympathy of one man towards another. The prehistoric races may have known less of this than we of to-day, but even in those dark ages pity for a suffering one, particularly if near of kin, cannot have been unknown. We do know that from earliest historic times man has applied himself to the alleviation of sickness and disease, whatever may have been his conception of the cause.

For many centuries, little being known of the cause of disease, alleviation and recovery were all that could be hoped for. In a fragmentary way only, one by one, preventive features, sometimes little understood, came into being. Preventive medicine and Public Health, however, may be said to have had their really concrete beginnings a little over a half century ago.

Let us not be confused between the terms Preventive Medicine and Public Health. The former includes those branches of medical and allied sciences which aim at the prevention of disease. Public Health, on the other hand, denotes the same objective but operating on an organized public basis and presumably out of public moneys.

The Public Health system of England is largely the creation of the last three-quarter century, though the organized practice of preventive medicine may be said to have begun in the British Isles centuries ago. Even earlier than this there were activities of an individual sort, described in early writings. Moses has been named by some as the greatest sanitarian, and the Books of Leviticus and Deuteronomy are replete with passages of importance. The early Greeks and Romans paid attention to water supplies and methods of waste-disposal. In England during the 17th and the early 18th centuries two distinct impulses were at work on this great movement. The first may be said to have been the

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scientific instinct which prompts men to inquire into the cause of preventable diseases and the methods of combatting them. The other impulse was the outcome of the wave of religious revival which took place in the early 18th century and from which arose a passion for the physical and spiritual uplifting of humanity. This latter motive was perhaps the more potent force of the two.

An immediate direct outcome was the effort of one, John Howard, who inquired into the appalling conditions of the prisons of England. He extended his inquiries on to the Continent and in England at least was rewarded with improvement in the prison system.

Towards the end of the century Burke and Fox raised indignant protests against the tyrannies of the East India Company. About the same time William Tuke initiated the movement for the humane treatment of the insane, while Clarkson and Wilberforce began the crusade against the grossest of all evils, slavery, which crusade culminated in the Abolition Act of 1807. While this latter crusade was on, an attack was made on the penal code of England. At the dawn of the 19th century nearly 300 offences were punishable with death. One by one these were erased from the list.

Another illustration of what we owe to this spirit is to be found in the history of factory legislation—a victory of philanthropy over short-sighted economy. The chief pioneers in this reform were Robert Owen and Lord Shaftesbury. Owen, as a cotton manufacturer at a time when children of tender years were swept into factories wholesale, would employ no child under the age of 12—he provided instead schools for their education. He effected in 1819 the passage of an Act regulating child labour in cotton industries. The Earl of Shaftesbury was the chief factor in the passage of an Act in 1833 forbidding labour under 9 years and regulating the hours of those under 16 years.

As already intimated, the purely public health movement owes also its beginning to this same spirit of sympathy for the multitudes. It has been at times necessary to appeal to lower motives, such as the fear of epidemics, but the higher motive still remained the chief driving force, particularly in the matter of procuring legislation.

Referring now to the purely scientific motive, much work of a pioneer nature in preventive medicine took place in the 18th and 19th centuries.

The earliest of the Fathers of Preventive Medicine was Richard Mead. Early in the 18th century England was again threatened with the plague which had a short time before claimed 100,000 victims in London alone. Mead's advice was sought. He propounded a new departure in quarantine. He advised for the first time the segregation of the sick from the well, and so became the father of modern methods of quarantine.

In the years 1742 to 1743 Sir John Pringle made observations in the British campaigns in Flanders which, if applied, would have reduced typhus and dysentery—he thus became the father of military hygiene.

In 1753 James Lind laid the foundation of Naval Hygiene by his treatise on Scurvy. The truth of his teachings was demonstrated by Captain Cook, the explorer, who, on a voyage of 3 years, lost but one man of a crew of 118. Lind, in addition, made other useful contributions.

Toward the close of the 18th century a new departure in preventive medicine took place. Edward Jenner brought within reach the control of one of the most devastating of all diseases—smallpox. A young country lass was overheard by Jenner remarking that having had cowpox she could not take smallpox. Jenner pondered over this remark and studied. In 1796 he inoculated a boy with cowpox and later the same lad with smallpox. The latter failed to take. The inference was plain and the application of this principle resulted in vaccination against smallpox.

The situation, then, at the beginning of the 19th century, in practically all countries, was this: there was very little public health legislation and the chief efforts were those of quarantine of a very unsatisfactory sort. The chief scientific contributions have already been outlined.

From this point on, the general development in England, United States, Canada and other British Dominions has been much the same. England led the way in matters of administration and has been a pattern for many communities. The Quaratine Act of 1825 was the first modern piece of sanitary legislation, and the first Public Health Act was passed in England in 1848 and created the first Board of Health. Local boards were first required to be established in 1866, and in 1872 was passed the English Public Health Act which has been recognized as "the greatest sanitary code ever enacted in any country." During these years administration of health in England was vested in many bodies; changes were frequent up to 1871. In 1919 there was created a Ministry of Health with a Minister of Health.

Let us now review quickly the gigantic strides in the science of prevention which were being made during the period last described, and commencing more particularly about the middle of the 19th century. The perfection of the microscope had introduced investigators to the field of bacteriology. At the time of the first Act in England in 1848 the essential cause of infective disease was as much a mystery as it had been in the days of early Greek medicine. Pasteur's work, 1850 to 1860, on putrefaction and fermentation furnished the clue—a new, vast field was opened up. Antiseptic surgery was at once developed by Lord Lister. About the same time a German worker, Dr. Koch, made possible the artificial growth of germs, thus making it possible to isolate each

type for intensive study. One by one the infective diseases had their cause made known—anthrax, typhoid, diphtheria, tuberculosis, tetanus, plague, malaria, syphilis, and many others. The study of immunity opened by Jenner now became a fertile field of inquiry—vaccines and serums became a reality.

In Canada the first public health legislation enacted was the Quarantime Act of 1794. Apart from quarantine at the port of Quebec, the only measures enacted in the Canadian provinces were occasioned by old menaces of epidemics. In 1867, by the British North America Act, the matters of public health were left to be dealt with by the provincial legislatures, except a few matters such as international and interprovincial quarantine, the care of seamen and lepers, immigrant inspection, food and drugs. These duties in the subsequent years were carried out by various departments of the government until in 1919 a Ministry of Health was created for the Dominion.

In a large sense Confederation made the provinces autonomous in the administration of health within their boundaries. Each province may be said to have a very satisfactory administration, in most cases operating under a number of divisions. A few of the provinces now have Ministries.

What has public health accomplished? Surely it has improved the lot of all, has made living more enjoyable, has saved lives beyond calculation and has raised the life-span of the civilized world by many years. Two of its chief triumphs have been the reduction of mortality from preventable disease and the reduction of infant mortality. The newborn child of to-day has chances of survival many times that of the child of a half or even a quarter century ago.

A field as yet largely untouched is that of periodical health examinations. People have largely given themselves to regaining rather than maintaining health. Much preventable disease as yet remains undiscovered until too late—29% of deaths have been shown to be due to causes which are preventable.

Another field which still lacks the emphasis it deserves is that of preventable sickness. We have as yet no reliable statistics on this subject. Two American statisticians have conducted investigations which have led them to the conclusion that between two and three per cent. of the population investigated at ages 15 and over are constantly sick. These same workers estimated that about 9 working days per year are lost by the entire population. A large proportion of this loss is obviously preventable—the economic loss each year is tremendous.

A review of public health activity would not be complete without mention of a disease menace which only of late has impressed itself upon the population of civilized countries. I am now referring to the

social diseases. In this respect England again leads. Until 1916 the British public was aware neither of their prevalence nor of their gravity. In 1913 protests from medical men particularly caused the appointment of a Royal Commission whose report was received in 1916. The country was startled and an active campaign launched. Many other countries have followed.

The foregoing is a very brief outline of Preventive Medicine, but we trust sufficient to give the listener-in some idea of a movement which has been invaluable to mankind. Its growth has been phenomenal—it remains intensely popular. Much remains yet to be accomplished; the enlightenment and co-operation of the public will determine its further advance and success, for science and research were never more promising than at the present time.

Radio Talk

The Relation Between Mental and Social Hygiene

By Dr. C. M. Hincks,

Medical Director of the Canadian National Committee for Mental Hygiene

THIS address is one of a series that has been arranged by the Canadian Social Hygiene Council through the courtesy of CKCL. It is my privilege to-night to speak on the relation between Mental and Social Hygiene.

In a previous radio talk Dr. Gordon Bates outlined the aims of Social Hygiene. He said that the objective was the creation of a finer, happier, nobler race. Social Hygiene deals with the physical fitness of the individual and the race. An educational campaign is conducted to inform our citizens of the facts of disease and the measures that should be taken for prevention. Special attention is given to the Venereal Diseases.

Mental Hygiene is really a sub-department of Social Hygiene. It deals with mental and nervous diseases and their prevention. It aims to conserve mental health.

Until recently there was no concerted effort in Canada to prevent the ravages of insanity, feeble-mindedness and nervous conditions. In 1918, however, there was created the Canadian National Committee for Mental Hygiene. This organization has done pioneer work that will soon result in the reduction of Mental illness. The Committee works in the closest harmony with the Social Hygiene Council.

A few facts about insanity, feeble-mindedness and nervousness in Canada will show the need of a campaign of prevention.

There are twenty thousand insane individuals in the Mental Hospitals of Canada. There are an equal number in the general community. In other words, there are at least forty thousand insane in the Dominion. There are more occupied beds in the Mental Hospitals than there are occupied beds in the general hospitals of the country. There are more insane patients in our institutions than there are students in attendance at our Canadian Colleges and Universities.

Feeble-mindedness is even more prevalent than insanity. There are one hundred and sixty thousand mentally subnormal citizens. Two per cent. of all our school children are so backward that they cannot be

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taught to advantage in the ordinary classes in schools. This two per cent. will always remain children as far as mentality is concerned.

Aside from the insane and feeble-minded there are tens of thousands of nervous people who fail to achieve happiness and success because of their nervous disabilities.

On the economic side the cost of mental and nervous conditions to Canada is enormous. It has been estimated at twenty-five million dollars a year.

The presence of a veritable army of mentally handicapped people in Canada constitutes a serious national problem. An eminent scientist recently stated that physical diseases offer fewer obstacles to national efficiency than do defects or disorders of mentality. Physical diseases are neither so widespread nor so disastrous to character as mental impairments, and yet the public persists in seeing in them the chief medical obstacles to prosperity.

If improperly dealt with, the mentally abnormal portion of the population contributes to criminality, prostitution, illegitimacy and pauperism. Take the question of crime. The daily press furnishes us with frequent evidence of the relation of delinquency to mental abnormality. The man who shot at the late Mayor Gaynor of New York and killed another man was a mental defective. The individual who assassinated the late president McKinley was insane. The man who shot at the late Colonel Roosevelt with intent to kill was a mental defective, as was also the notorious "Gyp The Blood".

A similar state of affairs holds true with regard to Criminality in Canada. The late Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene, investigated the mental status of over sixty murderers in the Dominion, and found that a considerable proportion were mentally abnormal. Recent surveys of Canadian jails show that approximately 40% of the prisoners are of weak or unsound mind. The case of a woman in Western Canada is of interest. She was mentally deficient and, because of repeated delinquencies, had appeared in British and Canadian courts on 99 occasions. She had had ten illegitimate children and was a chronic thief. She had served a dozen jail sentences in one Canadian institution alone, and was known to have had a previous jail career in England. A parallel case costs Canada fifty thousand dollars. The problem of criminality can never be adequately dealt with on a purely legal and prison basis.

Mentality should be studied in each case. If, for example, the woman who had appeared in court on 99 occasions had been studied in her girlhood, her mental weaknesses would have been discovered. She would have been given training suited to her needs, and society would have been spared the diastrous effects of her misconduct.

There is a close relationship existing between dependency or pauperism and mental abnormality. Experience teaches us that, if adults are chronically out of work even when times are good, it is safe to suspect mental abnormality in the absence of physical disability. Oft-times charity is misplaced, by meting out money indiscriminately to the indigent, if all the circumstances are not taken into account. For example, the Canadian National Committee for Mental Hygiene studied a family in the city of Winnipeg. This family consisted of a father, a mother and six children. For years these individuals had been dependent upon city relief, and in one year had been granted from philanthropic agencies twelve hundred dollars. The money was practically thrown away. In fact, this misplaced charity helped support two of the daughters, who were flagrant prostitutes, and infected with venereal disease. The help the family was receiving was actually helping to spread syphilis throughout the community. The father did not attempt to work when money was coming freely into the home, and he was continually drunk and disorderly. The National Committee discovered that while physically all the members of the family were able to work, they were handicapped by feeble-mindedness. Measures were immediately taken to make kindly provision on a scientific basis for these unfortunate people, and eventually the State will be saved thousands of dollars. In cases of this kind we are forced to the belief that the earlier studies are made of mental conditions of dependents the greater will be the saving to the community at large.

The problem of mental abnormality is made more acute in Canada through indiscriminate immigration. In some provinces more than half of the insane and feeble-minded have been recruited from countries outside of the Dominion. Commendatory progress is being made, however, by the Federal Government in giving the matter careful attention.

We cannot be too careful in connection with the prudent selection of our immigrants. Some of the worst degenerates in Canada have been recruited from the slums of Europe. A short time ago a Polish lad of 8 years of age was brought to our attention. He was totally deaf and mentally deficient. His father, who had been in Canada eight years, brought his entire family out to this country some months back. They took precautions at the port of entry to hide the lad under an overcoat. An application is now being made for institutional care, and, if the boy is not deported and lives to a good age, he will cost this country from four to seven thousand dollars.

Those of us who are engaged in the Mental Hygiene Movement are endeavouring to secure throughout Canada adequate treatment facilities for the insane, the feeble-minded and the nervous. Our chief aim,

however, is to institute measures for the prevention of those conditions. Through the generosity of public-spirited citizens, of the Federal Government and of the Metropolitan Life Insurance Company and the Rockefeller Foundation, 20 capable workers are employed in the Dominion to investigate the causes of mental disability, and to discover ways and means of prevention. Particular attention is being paid to the study of children. We have reason to believe that from 20 to 40 per cent. of all mental disability is created by the faulty upbringing of children. Investigations are now being conducted at the University of Toronto and the McGill University, Montreal, to discover the best conditions for healthy child growth. We are impressed with the fact that if children can be efficiently trained in good habits of living, they will, for the most part, not break down mentally or nervously.

Dr. Frankwood E. Williams has pointed out that during every waking hour the child is reacting emotionally to situations that arise in its environment in the school, in the home and on the playground. Through these experiences it forms emotional habits, ways of meeting unpleasant situations, ways of looking at things, ways of feeling about things. These habits tend to become fixed, and, if they are bad habits they lead in adult life to much unhappiness and inefficiency. Sometimes they lead to nervous and mental breakdowns. In a future radio talk some of the problems that have to do with the healthy development of the emotional life of the child will be discussed.

In conclusion, I would state that the Social Hygiene Council of Canada is performing a great humanitarian service in educating the public in ways of healthy living. The Canadian National Committee for Mental Hygiene considers it a privilege to co-operate in this splendid work.

Sanitary Inspectors' Association

A NEW CONCEPTION OF THE DUTIES OF A SANITARY INSPECTOR

By Ernest W. J. Hague
Chief Health Inspector, City of Winnipeg

Presidential Address to the 12th Annual Convention of the Sanitary Inspectors' Association of Canada, at Winnipeg, August 19, 20, 21, 1925

THE old conception of a sanitary inspector's work consisted in the use of force by a rigid application of the law, a sort of bludgeoning people into right ways of living. Now laws are very necessary. In the first place, a health law, because it is an indication, to some extent, of the state of our knowledge of Hygiene and Sanitation, sets a pattern or standard to be attained; it is as it were, the concerted opinion of the community as to what is right and necessary. In the second place, the mere enactment of a law is sufficient reason to good citizens to obey that law. There are, however, always a certain number of people who will do nothing unless compelled, so that laws are necessary to restrain the actions of such people, and to compel them to observe the amenities.

Community life in cities and towns is only possible by the observing of these amenities. It is now pretty well recognized that an owner or a tenant of a property in a city cannot be permitted to do entirely as he likes with, or on his own property. His neighbours have also rights, and are entitled to the peaceful enjoyment of those rights, without being subjected to nuisances due to noise or odours, to danger from fire, or to exposure to disease caused by the carelessness or indifference of other citizens.

Life in towns and cities has become very complex, so that we not only have health laws, but a multiplicity of laws and regulations dealing with building, the use of electricity, working conditions in factories and workshops, the regulation and licensing of various businesses, the regulation of traffic (to name only a few).

It is obviously no use making laws unless they are to be observed, so that having regard to human nature as it is to-day, it has been necessary to provide a large number of inspectors of various kinds in order to see that the laws are obeyed. We thus have building, fire, elevator, factory, license, school, health, and other inspectors.

Nobody likes the idea of being inspected, and in addition, it may be said that to comply with some of our laws requires an expenditure of money, so that there has been created of late years, in the minds of many, an objection to both the laws themselves and to inspectors, as those responsible for the enforcement of the laws.

Of course, in an ideal state, most of our laws would not be necessary, because people would, of their own free will, for their own sake and that of their families, as well as for the good and welfare of their neighbours, so act as to avoid infringing on the rights of others. A little reflection should convince us, however, that society has not yet advanced to the stage where such ideals can be realized, so that most of our laws are still necessary in order to restrain the greed or lack of consideration of some.

Laws should not be too far in advance of public opinion. If any law is not reasonable, it should be amended or repealed, but so long as it is on the statute book, it should be obeyed. Some laws get out of date and are no longer required. It is surprising how soon they do get out of date. We still have in Winnipeg for instance, by-laws prohibiting the use of barbed wire for fencing, prohibiting the watering of cattle at city wells, requiring water carts to be licensed, and prohibiting the use of bows and arrows in the streets. Every once in a while the laws should be gone over, and those which are obsolete, repealed.

In order to meet somewhat the objection to any harsh or too rigid enforcement of our multifarious laws and by-laws, it has become customary in recent years, for wise executives to proceed more along educational lines, in the hope and expectation that if certain requirements can be shown to be desirable and necessary in the interests of the safety, health, or good government of the community, they will receive the support and co-operation of the citizens. The traffic officer, for instance, does not bawl out an offending citizen, but invites him to call and see one of the higher police officials, at which interview the law is explained to him, and it is made clear that traffic regulation is necessary for his own protection as well as that of other citizens. It is only in the case of wilful disregard of the instructions, that stronger measures are resorted to.

So in health matters the same course is being pursued in many up-to-date health departments. To illustrate this tendency, I want to quote a couple of paragraphs from a paper by Nathan Sinai, of the University of Michigan, entitled, "Improvement of the Sanitary Personnel".

> "Inspection is the most abused activity undertaken in the name of public health. The term itself is enough to cause the public to bristle with antagonism. It brings up a vision of being questioned, of being suspected, and of having to prove innocence

of wrong-doing. Such a vision, whether it be based on fact or fiction—doubtless it is based in part upon each—is not conducive to the improvement of public health by public desire or public demand."

And again:

"The third approach, courses of study for the present personnel of sanitary inspection divisions, is difficult. The viewpoint of many inspectors requires a complete overhauling. The term inspector or inspection, as stated in the opening paragraph, is exceedingly provocative. It would be far better to do away with these words as they relate to public health. Sanitary Instructor or Division of Sanitary Instruction appears to be a better expression, and certainly one which denotes the type of work which should be carried on. A man with the title Instructor, and imbued with the importance of his work, is a public health educator. The mental reaction to a title of this kind means a stimulus to improved work. It serves to remove the feeling that, for success in his field, he must continually find fault and be a well-known figure in the court rooms. It is all very well for him to read that, for success, he should possess tact, judgment, strength of character, forbearance, and all other attributes for only those recently deceased. If he is an Inspector, he sees his work as that of skeptical inspection rather than tactful instruction."

"No better method for the improvement of sanitary instructors could be devised than attendance at a university summer session where emphasis is placed upon courses in public health. It remains for the administrator who is interested in the improvement of public health and in the efficiency of his department, to see that those subordinate to him shall be granted the privilege of increasing their value to public health."

The work of a sanitary inspector is 90% instruction, so is that of a public health nurse. This being the case, it is necessary for us to look at the facts from this new angle and find out how far we are qualified to act as sanitary instructors. A person may be acquainted with scientific facts and yet may not be a good teacher. That is why teachers attend Normal School in order to learn how to impart their knowledge to others in such form as to be assimilated.

The tendency in public health work to-day is, as you know, to use more and more specialists. A D.P.H. or similar degree is becoming a normal requirement for health officers. The bacteriologist, the vital statistician, the epidemiologist, and the sanitary engineer are all men

highly trained for their special purpose. Public health nurses require special training for their work, and in like manner, sanitary inspectors. The health officer, if a D.P.H. man, may know a good deal about the duties and uses of these workers, but he cannot himself perform their duties, nor is it desirable that he should do so. His duty is to co-ordinate their work so as to obtain the best results for the community.

As the standard for public health workers rises, the standard for sanitary inspectors must rise also. Many of the workers mentioned have an advantage over the sanitary inspector, in that they have received a university course. The whole problem resolves itself into one of education and training.

I recently came across an address given to the Sanitary Inspectors' Association of New Zealand, by Professor Shelley, of Canterbury College, N.Z., on the subject of "Education".

This address is so inspiring that I wish a copy of it were available for each of you. As I am afraid, however, that this is impossible, I am going to quote a few paragraphs to illustrate the trend of this most excellent address:

> "During the past hundred years, the public official who has been developed and multiplied more than any other, is the inspector of various kinds—of education, of health, of everything. I want to consider with you for a few moments what that implies. I am not particularly enamoured of a civilization dominated by inspectors. It is a half-way stage that we have arrived at: such a stage of civilization when we have a fair sprinkling of learning and knowledge among a certain number of people—the experts and those who dominate life. But so far, the knowledge of things has not so permeated society that society is capable of inspecting itself; thus a definite body of experts has to be set on one side to go around to see that the ignorant do not harm society, or harm themselves, through their own ignorance. The idea of inspectors is only a half-way house in the development of a scientific civilization. I am looking forward to the time when we will have no inspectors, but when we will have sanitary advisers, and education advisers. I know that the great part of the duty of a sanitary inspector (despite his name) is that of being an advisory person; but we ought to be able to rely upon the good-will and a certain level of knowledge and experience on the part of the average citizen, so that all they need is that there is some body, some person, to whom they can go for advice, or who can come to them and give them advice as to the regulation of their own lives."

Illustrating the necessity for a wide scope of knowledge, he says:

"So it is very much in the business of a sanitary inspector, not only to be an expert in his own particular line, but also to know where his job fits, not only in his particular age, but in that evolution of society we call the development of civlization. A sanitary inspector, to be an efficient inspector, must be much more than a sanitary inspector; in his relation to other people the expert who is merely an expert is no expert. He who does not know where his expert knowledge comes in the evolution of life, is not an expert of any value. So, it does not matter what we are engaged in; it is exactly the same with my own profession—education—or with the medical profession, and all the other professions, which are now trying, more or less, to direct life. Equally we have to rely on the general raising of the educational standing of the people as a whole, so that we may designate ourselves in our own minds, if not actually on paper, 'sanitary educators', rather than 'sanitary inspectors'."

After tracing the development of civilization and the growth of sanitary knowledge, we find the Professor commenting as follows:

"You see how different our civilization is from the civilization of the past, and the people who are doing this are not merely one or two who are pursuing pure science in one particular line—they are the pioneers and the leaders—but there are intermediate people, among whom sanitary inspectors come. Your business is to take the results of scientific research and embody them in the life of the people.

"If we are going to raise the standard of civilization as a whole, we have got to get sanitary ideas into the minds of every person living in the community.

"And so it is with us. Society will always need its experts, its research bodies, and the people who will turn into practical effect the new outlook and hand it on to the people as a whole. That is the business of the present day sanitary inspector, and what I hope in the future years ahead—the sanitary adviser, or, if you like, the sanitary educator."

Speaking of some of the difficulties, Professor Shelley remarks:

"Do you find people more capable, or more ready to realize the responsibility even for their own health, let alone the health of other people? You know that you do not. You know that there are many people, no matter how much you din into them the danger of the fly, who say to one another at meal time, 'Are not there a lot of flies about to-day'? And they say: 'I shall

have to get more fly paper.' And the next day they say: 'I never got that fly paper—I must get it!' And so it goes on; in the meantime, thousands of millions of flies are being bred. They don't realize it—it has not entered into their conscience. They have good intentions—but the road to hell is paved with such. It is necessary to have burned into our very system that these intellectual ideas, which have been established by patient scientists, are really important."

"If there was a proper sanitary education of the child through the various stages, then your job would not be a job of being merely annoyed wi h people, and of having to send them nasty notes about throwing things into the river. Your job, instead of being that, would be educative; you could be pioneers in your particular line of human development; you would be the people whose business it would be to hand on the vision to the ordinary people, and also to the children. It is so important that I think it should be a sanitary inspector's job to be responsible, not only for the sanitary conveniences of the schools in his district, but it ought to be his job to go, every now and then, and gather the children round him and have a talk with them concerning the things which really make up the health of the child's life."

The concluding sentences of the address are very valuable:

"I wish to impress on you the importance of the sanitary inspector, and the importance of people in that type of profession looking on their office in a broad and educative way. It ought to be the business of the sanitary inspector, as an individual, to equip himself to the last point as far as regular teaching is concerned; and it should be his business privately, to seek further knowledge elsewhere, and make himself a thoroughly efficient evolutionary citizen. Unless he understands his place in human development as a whole, then he cannot understand his place in the sanitary development of the human being."

With the views and sentiments of Professor Shelley, I am cordially in agreement. We must make it our aim, both as individuals and as an Association, to keep before us the necessity for continuous education throughout life. I hope that we may be able to work out an effective scheme in the various provinces, by which further opportunities may be afforded us to increase our knowledge and usefulness.

Canadian Social Hygiene Council

NEWS NOTES

Under its new name, "British Social Hygiene Council", the organization known formerly as the National Council for Combating Venereal Diseases in Great Britain, held its first meeting on July 10th, and will henceforth broaden its programme to suit this more positive title.

Great progress has been made since the formation of the purely voluntary organization of the National Council for Combating Venereal Diseases in 1914. To-day the organization of the British Social Hygiene Council spreads to all corners of the Empire. It is recognized by, and co-operates with Government Departments—the Ministry of Health, the Colonial Office, the Admiralty, and the Air Ministry—is providing material for popular enlightenment and in co-operation in all measures calculated to reduce the ravages of Venereal Diseases, receiving grants for certain specific activities. At home active co-operation exists between almost all the local authorities in the country and the Council; and out of the 154 areas the Council has recognized branches in 85, creating centres for the formation of public opinion and for building up protective and preventive machinery in the interests of youth. Sister Councils have been established in Canada, South Africa, Australia, and in six of the Crown Colonies, and a close liaison exists between the Council and Colonial Health Departments throughout the Empire. Although social conditions may vary widely among the different races, the medical principles underlying the elimination of Venereal Diseases remain the same, and the methods which have been adopted at home are proving such an outstanding success that their adaptation to other parts of the Empire is to be warmly advocated.

The British Social Hygiene Council is now extending its attack on Venereal Disease on social as well as medical lines, and is working for the reduction of promiscuity. To ensure the success of this policy increased prominence is being given to "the elimination of those conditions of life which tend to foster promiscuous intercourse and the spread of disease"—the third recommendation in the report of the Committee of Inquiry on Venereal Diseases.

In this connection attention may be drawn to the fact that the National Council for Combating Venereal Diseases and the Society for the Prevention of Venereal Disease have accepted the report of the Trevethin Committee; and as there is now one President (Sir Auckland

Geddes) of both these organizations, who is also Chairman of the permanently established Liaison Committee, the possibility of controversy between them has, it is hoped, been eliminated.

In the Council's teaching the fundamental importance of maintaining the integrity of family life will be an essential object of the British Social Hygiene Council, and there will be evolved a broad scheme of education for the young in the science of life and right living.

CKCL, Toronto, continues to broadcast a weekly lecture on a Social Hygiene subject, and two of these appear in this issue of the Journal. It may be possible to provide some of these papers for broadcasting through other stations in Canada.

The Canadian Social Hygiene Council was given space at the Canadian National Exhibition, Toronto, in the Provincial Department of Health quarters for a display of Social Hygiene posters, and for the distribution of literature. The booth was visited by a large number of interested people, especially parents and teachers, and some 14,000 pamphlets were distributed.

The National Anti-Slum League of Paris in its recent report states that over-crowding is rampant in certain sections of that city, and that it may be viewed as the cause of social disintegration and the moral downfall of the family. "The danger of promiscuity", says the report, "naturally occurs when parents and children sleep in the same room, and elder and younger brothers—and very often brothers and sisters—sleep in the same bed".

The housing difficulties in Germany, according to an abstract in "Social Pathology"—issued by the United States Public Health Service, have much to do with the increase of venereal diseases, particularly among children. Due to overcrowding entire families have been infected, and a coincident laxity of moral standards has been found. One report states that a family of nine slept in one room, two married couples being among the number.

An editorial in "National Health", published in London, states that "We are not likely to attain a full measure of success in the control of venereal disease until we have arrived at a solution of the housing difficulty".

But the incubators of lewdness and its frequent associates—gonorrhea and syphilis—are by no means limited to the lower strata of society. Promiscuity is very diffusible, and one of the most essential as well as productive measures for health-maintenance is the effort to combat

venereal diseases by both mental and physical hygiene. The two leading British Societies for the prevention of these diseases are now in accord as to the efficacy of personal cleanliness and disinfection in the prevention of venereal infection. Widespread education by publicity regarding the great scourge of venereal diseases as they affect the child, the family, and the state, and the conditions influencing their spread and prevention is very productive of good results, and is universally recognized as essential health work. *The Washington Times,* of June 26th, gives publicity editorially to "The Curse of Deafness", and points out the causative relation of syphilis to certain types of deafness.—Health News, United States Public Health Service.

A recent editorial in *The Washington Times* says that "There are many cases of deafness from birth or early infancy, some due to microbes that attack the new born child. Twenty-five per cent. of such attacks come from heredity, venereal blood disease—one of the worst enemies of the human race, and one of the most dreadful punishments of vice".

Deafness of such origin may be total or partial, and it is usually an affliction of the internal ear. The defect is often not recognized until the child fails to talk, the attack of syphilis being unexpected and somewhat elusive. Syphilitic deafness, says the United States Public Health Service, need not be profound, but its gradual or sudden effect on the hearing capacity of the afflicted child often spells economic and social disaster, and it usually reduces life to an obscure and baffling existence. Fortunately, considerable progress has been made in the treatment of deafness of venereal origin, and the future promises still greater progress in its elimination. The early detection of diseased blood in the expectant mother is essential, so that the possible ear damage of the child may be prevented by adequate treatment of the mother before the birth of the child. The preparation and widespread dissemination of information relating to the prevalence, the detection and the prevention of venereal diseases is a most essential and productive health measure to which the United States Public Health Service devotes special attention.—Health News, United States Public Health Service.

The Massachusetts Department of Public Health is contemplating new regulations whereby venereal diseases will no longer be reported directly to this department, but through the local boards of health, a practice adhered to in most states and found highly satisfactory. This has been made possible by a recent act of the Massachusetts Legislature giving the State Department of Public Health authority to make special rules and regulations for reporting venereal disease cases. The already

existing health laws did not specifically delegate such authority to the Department of Public Health, so this act removes any legal doubt as to the right of the health authorities to provide special rekulations for the control of syphilis and gonorrhea. The aim of such regulations in Massachusetts and other states, says the U.S. Public Health Service, is to prevent the spread of venereal diseases in the community.—Health News, United States Public Health Service.

As an additional measure for the protection of the community from venereal infection the Eighty-Second Legislature of the State of Maine passed an amendment whereby superintendents of State, county, and municipal charitable or correctional institutions are required to report to the State Department of Public Health any inmate about to be released and who is afflicted with a venereal disease in an infectious form. The report is to be made not later than fourteen days before the estimated date of release, so that the State Department of Public Health may "take necessary measures to protect others from such infection".

It has been generally accepted by the various states, says the U.S. Public Health Service, that provision should be made for the medical examination, care and treatment of venereally afflicted inmates of state institutions, and that such examination, care and treatment are uually provided. The Maine amendment, requiring the report of infectious cases before their release, is a significant venereal disease control measure —Health News, United States Public Health Service.

The West Virginia State Department of Health is making plans for the enforcement of the Injunction and Abatement Law enacted by the State legislature, and effective July 15. The law provides for the closing, as a nuisance, of any place used for purposes of prostitution, assignation, or lewdness. A suit in equity may be brought by the attorney-general of the State or the prosecuting attorney of the county wherein the nuisance exists. Should public officials fail to enforce the law, a private citizen, resident, or taxpayer may bring, in the name of the State, a suit in equity to close by injunction a house of prostitution, or one used for purposes of assignation, or lewdness. The law permits the abatement of such a nuisance and perpetually enjoining any person from further maintenance thereof.

According to the United States Public Health Service, there are still ten States without legislation for this purpose. Texas has a law without the abatement feature; the New Jersey law was declared unconstitutional in 1919; and the Maryland law became ineffective two years after the World War.—Health News, United States Public Health Service.

The Role of the Department of Public Health in the Education of the Adolescent Mentally Defective Child

By Eric Kent Clarke

Associate Medical Director, Canadian National Committee for Mental Hygiene, and Psychiatrist of the Dept. of Public Health, Toronto

IN 1917 the Department of Public Health of Toronto became interested in the psychiatric problems occurring in children of school age. Each year the scope of this branch of preventive medicine broadens as new problems are unearthed.

The problem of the Mental Defective has been the first one to be attacked, for it is one that all teachers are clamoring for aid upon. The abnormal child, the slow developing child, the pupil who exhibits behaviour problems should all be dealt with, but in this paper it is only the work with Mental Defectives that can be touched upon, so brief is the time allowed.

School psychiatry must develop in close co-operation with the educationalist. Some argue the problem of the feebleminded is altogether an educational one. However, it is becoming generally felt that, while the mental retardation usually manifests itself in maladjustment to the school system, the root of the trouble is bound up in physical as well as mental abnormalities and that a thorough knowledge of medicine and psychology is fundamental to deal satisfactorily with many situations of retardation that arise.

With the subnormal pupil it is essential to find out what potentialities are latent and to arrange an educational programme that will develop each of these traits to the extreme limit, at the same time suppressing the manifestations of any bad habit formation. Education has its place on the treatment side, but it is the responsibility of the psychiatrist and his staff to first establish along what lines this education shall be.

Mental retardation may be the result of many factors and frequently is the result of a defective physique. When the physical defects are corrected there is often an accompanying improvement in mental reaction. In other cases the physical defects are merely coincident with the mental defect. This sphere of the work is outside the scope of the educationalist.

Classification of school children should be done at as early an age as is compatible with accuracy. With the higher grades of sub-

normal children it is frequently impossible to state definitely what the educational prospects are, until the child has been in school about two years. As a rule special education is not begun in the special class system in Toronto until the pupil is between nine and ten years of age with a mental age of between six and seven. With our classes organized as they are at present, attempts to teach children with a mental age of less than six have not been satisfactory. The pupils with a mental age lower than six must receive practically individual private instruction, and even although the auxiliary class gives special individual attention still the teacher has not sufficient time to devote to get results from those of such low mental age.

Junior Auxiliary classes serve as preliminary training centres and are of value until the child approaches adolescence. From this time on they are of little use, for the pupils are restless and want more outlet for their energies than the Junior Auxiliary class affords.

The Auxiliary Schools have helped solve the difficulties of this period. The sexes are separated, and, as the schools are centralized to serve the entire city, there is a chance to break the large numbers into small groups of approximately the same intellectutal level and temperament and give them an opportunity to get into all the workshops. In the Auxiliary Schools a wide range of industries is possible.

Experience has taught that a Mental Defective has good manual possibilities if trained early to make the most of this ability. If the unstable qualities are suppressed, and suitable environment for work and recreation is provided, the chances are good for this type of individual surviving and being an asset to the community. It is the uneducated and uncontrolled feebleminded population that is dangerous.

The Adolescent School Attendance Act makes it necessary for all pupils, irrespective of intelligence, to remain in school until sixteen years of age. With the Auxiliary Schools for adolescents available, this is excellent, for there is a longer period in which to work to establish good habits of industry. Without the Auxiliary Schools, the Adolescent Attendance Act is a calamity, for it means the feebleminded child is left two years longer in the ordinary grades of the school, where he learns nothing and has a chance to form habits of idleness.

When a child reaches the age of sixteen, from the educational standpoint he is supposed to be a finished product, fit to go into the world and take his place. With the subnormal, to set him adrift on his own without adequate backing is usually fatal. Although of adult size, he has still only the mind of a child, is slow to adjust himself to new environment and conditions, and unless the proper niche is found for him in the industrial world, all the expensive education he has acquired so laboriously is apt to be lost.

It is here that the Department of Health can probably do its biggest piece of work—with the supervision of the subnormal until he becomes adjusted.

During the school life the Department of Health has built up a contact with the home, and where the child has been in the auxiliary class system, the contact of the workers of the Mental Hygiene Division is usually a close one. The homes become accustomed to the calls of the workers and to look to them for advice in dealing with difficult situations, and so when the boy or girl is ready to leave school and get work, if the Department worker can help in securing a suitable job, it is usually added cement to a relationship that already exists. Where this can be brought about it makes the supervision an easy job, and if at any time a situation arises where the home is anxious to get outside help, the worker is ready to help. In many of the homes where there are subnormal children, the parents realize the difficulties that face them and seek the co-operation. It is in the homes where the supervision is most needed that it is difficult to carry it out —for example, where the parents are of such low mentality that they cannot see the defect of the offspring and resent surveillance of the Health Department after the child has completed his school life. It requires great tact on the part of the worker to maintain satisfactory relations under these circumstances.

With a certain percentage of the subnormals it is well nigh impossible to expect them to function in the community through instability of character and lack of suitable home environment. Farm Colony life, with twenty-four hours a day supervision is the only solution—and yet in Ontario our institutional provision for the feebleminded is so hopelessly inadequate. A farm colony type of institution is the most economical way of caring for the unstable type, for here they can be partially self supporting, can be kept within the limit of social requirements and do not meet social disaster. An up to date farm colony is as much an educational institution as the Auxiliary School and the pupils are drawn from the same source, i.e., the public school. After training in the farm colony, it is thought safe for the child to be paroled back to his home. Is it not logical that the same workers of the Department of Health should assume the responsibility of supervision?

The control of the feebleminded is a complex problem into which educational, medical and social factors all enter; and each unit must face its share of the responsibility. As one of these departments must take the initiative in co-ordinating the work, it is felt that here in Toronto, at least, the Department of Health is best fitted to bring this about through its medical and nursing services having entree both to the schools and homes.

The School and Modern Life

By Rose Schutz

FATHERS and mothers, you are very busy at this time, preparing your children for the opening of school. Have you stopped to consider this school to which your children are hastening? Perhaps it would be interesting to take stock of this school, which has in its care the training of our children, and whose influence is perhaps second only to that of the home.

Just what is it that we expect the school or education for which it stands, to do for our children? Is it a matter only between the teacher and the pupil, or have we, who take our parental responsibility seriously, a right to expect something real? Not only we, but the community, too, has a right to expect something.

It is of this something, and the matter of attaining it that I wish to speak.

If it is only reading, writing, and a little knowledge of mathematics that we think our children should get, we cannot complain, but educators the world over feel that this is not enough. They have made a splendid discovery, namely, that each child is a live, interested human being, full of curiosity, animal spirits, unbounded energy, and strongly individual, not only in his interests, but in his characteristics and capacities, which makes any attempt to treat all children alike most unsuccessful. They have found that it is as bad to try to make all children fit into one kind of education, as it is to make all men fit into one size garments. Lastly, they have also discovered that these intensely live young persons are the makers and rulers of the future, and that upon their early education and training depends the stewardship of all that humanity has accomplished.

So we hear much of mental tests, the balanced load system, project methods, and so on. The methods are varied, but the underlying motive is the same. The curriculum of the 3 R's has outlived its usefulness. We have passed the pioneer stage, when all the industries and occupations of society were found in the home, and were participated in by the child, when only reading, writing and figuring had to be supplied by the school.

Science has made such marvellous progress in our age, that such miracles as the automobile, telephone, aeroplane, radio, and so on, are things taken for granted. Science, too, has made this an industrial age. It has removed from the home all processes which supply our

needs and taken from the child, not only the opportunity to participate in these fascinating industries, which so satisfy his desire to know and to do, but has also removed them far from his range of observation. Thus, when the child is ready to enter life as a serious business, he knows nothing of its needs, its work, nor even has he an idea of how they affect his existence, nor does he know how closely associated is his life with that of the rest of the world.

The new schools have recognized this, and to-day, on entering a kindergarten in one of these schools, we see the children busily engaged in the building of a grocery store. There are committees appointed to look after each phase of work. One committee has charge of the building of the store and counters. The store, by the way, is large enough for the children to walk in and out of. Another committee is responsible for the foods which are to be placed on the counters, and so on.

This grocery is a direct outgrowth of the study of the farmer, which was gone into in detail, even to making butter and grinding the wheat into flour and playing the farm animals. The farm in its turn had come up as a transition from the family life and the preparation of food for the winter, which is usually going on in the home in September when the children enter school.

So the child goes from things intimate to things remote, and learns not only by learning but more effectively by doing.

This brings up the question of concrete teaching as opposed to the abstract. The old school taught from books, while the new teaches through actual contact with things, using books only as a supplement and when first hand information is not available.

The old method takes the child and fits him to a curriculum formulated very often without any consideration for his needs and interests and usually to conform with the adult point of view. The period of childhood was thought to be but a stepping stone to adulthood and to be got over with much haste and little trouble.

The new education studies the child and gives him what he needs. Through his necessity the child's interest is kept alive and he learns easily and retains what he learns.

Imagine yourself, for instance, forced to attend a lecture, the subject of which is completely unknown and not at all interesting to you. How much will you retain? On the other hand, when you seek information concerning a process which interests you and which you require to further your work, you will remember easily and eagerly, especially if you have an opportunity of doing it while learning.

The opponents of the newer education will, however, declare that

this involves too much time and one must get through with a certain amount of information at the end of the educational period.

This is no longer possible. Science has made and is making such rapid strides and is adding facts so rapidly to our already vast fund of information that it would be impossible to transmit all of this information even if the child's years at school were greatly increased. The real mission of education must be to keep alive the child's interest in all things and to provide him with the ability to obtain information where he requires it.

A few more words as regards concrete education. Many may ask how one can teach such abstract subjects as geography, history, spelling and English concretely. Spelling as well as English should at no time be isolated subjects. Every minute of the child's day can be an English lesson, whether he is relating a process, writing a description of something upon which he is working or merely carrying on a conversation. Spelling may also be so related.

As for geography, it can become so live and fascinating through the discussion of goods to be shipped to foreign countries, the making of relief maps and so on, that every child will love it. History and literature through dramatization are full of much rich material, and once a child has acted a part, he will never forget the facts about it.

On one visit to a very modern school, I found the children in first grade dressed as Indians. They were then studying Indian life. They had woven rugs of yarns which they had dyed with natural dyes, made tents, lit fires with stones and lived over as nearly as possible the Indian life. In this way they became so imbued with the spirit of Indian life that they will not forget it, and the work instead of being tiresome was fascinating.

This brings up the matter of discipline. Because the child is interested and wants the information, the matter of discipline becomes negligible. The child soon learns that unless he follows certain laws and requirements, he will not be able to reach his result. In this way the material instead of the teacher disciplines him. This is as he will find life.

Greater freedom of movement he must have, but in no case does this mean license. In my visits to many schools working along the newer lines I have never seen an instance where the teacher had to be a policeman.

Not only does the teacher cease to be a policeman, straining every muscle to keep absolute quiet, but she seeks the co-operation and social intercourse of her children, urging the strong to help the weak instead of condemning it. Working together toward a mutual project leads

the child to forget self in the larger scheme and prepares him to live a more helpful existence when he leaves school.

The new system needs no artificial stimuli like competition and rewards to keep alive the interest. The work because it is concrete and within the child's sphere of interest does away with these and so helps further to rid the school system of the need of them. Perhaps at some future time these children will lead the way to a system where love of one's work or the expression of the creative instinct will be the guiding force, and then instead of each one for himself we shall have each for all.

Last but not at all least, there is the matter of mental differences of the children which is overlooked by the old system. Many children grow into failures as a result of being continually left behind in their classes at school. They are looked down upon, and finally lose confidence in themselves. The new system permits each child to progress as fast as he can. In other words, he makes his own pace. The fast child is thus prevented from acquiring habits of idleness and the slow one from being always pointed out as a failure.

I hope that I have made clear to my readers how great is the necessity of a live modern school here in Toronto. One that will be ready to consider the child's education from his point of view, from the point of view of the community, and, lastly, the point of view of posterity.

Then and only then can schools send forth men and women alive, full of initiative and a spirit of genuine service.

Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society, 410 Sherbourne St., Toronto 5. Readers of the "Public Health Journal" may borrow any of the articles listed. Please mention the date of issue of this Journal and the title of the article desired.

Small Community Hospitals

The Department of Health of Canada has recently issued publication No. 34, on the planning of Small Community Hospitals. Copies of this publication may be obtained upon application to the Deputy Minister, Department of Health, Ottawa.

Objectives for Health Education

In "The Public Health Nurse" for September 1925 Professor W. H. Kilpatrick of the Columbia University answers the question "What Range of Objective for Health Education"?

The School Nurse and Health Education

The School Nurse in the School Health Education Programme. By Miss V. H. Brooks of the Massachusetts Department of Public Health. "The Public Health Nurse", September 1925, page 458.

Vitamines

Some practical consideration about vitamines. By Professor A. B. Macallum. "The Canadian Nurse", September 1925, page 453.

Report of the Victorian Order of Nurses

The report of the Board of Governors for 1924. Copies of this report may be obtained from the Chief Superintendent, Victorian Order of Nurses, Ottawa, Ont.

Massachusetts-Halifax Health Commission

The report of the Massachusetts-Halifax Health Commission from October 1919 to September 1924.

American Child Health Association

Transactions of the 1924 annual meeting of the American Child Health Association.

Tuberculin Tests

The value and significance of the tuberculin test in a pasteurized milk supply. By Dr. J H. Scrader of the Baltimore Health Department. "The American Journal of Publc Health", September 1925, page 767.

Mothers' Allowances

A review of Mothers' Allowances in Canadian provinces. By Professor W. C. Kierstead, Ph.D. "Social Welfare", June 1925, page 175.

Industrial Welfare Work

The nature and scope of Industrial Welfare Work. By C. U. Kerr, Organizer of the Women's Department of the Industrial Welfare Society. "National Health", September 1925, page 86.

Tuberculosis in the Child

The preventive role of the open air school, summer camp and the preventorium. An address by Dr J. H. Elliott before the Canadian Tuberculosis Association. "The Canadian Medical Association Journal", August 1925, page 796.

Tuberculosis Surveys

"The Bulletin of the Canadian Tuberculosis Association" for June, 1925, gives the findings of tuberculosis surveys in six provinces of Canada.

Tuberculosis in the United States

A statistical review of tuberculosis mortality in the United States during 1923. "New York Tuberculosis and Health Association Bulletin", May-June, 1925, page 14.

Mental Hygiene of Children

By Dr. E. K. Clarke, of the Canadian National Committee for Mental Hygiene. "Social Welfare", July, 1925, page 196.

Periodic Health Examinations

The July number of "The American Journal of Public Health" contains four articles on periodic health examinations.

Education of Heolth Officers

The June number of "The American Journal of Public Health" contains articles and reports on the education of health officers, child hygiene workers and public health workers.

Typhoid Death-Rate

Decline in the typhoid death-rate in American cities, 1900-1923. "Statistical Bulletin", Metropolitan Life Insurance Company, June, 1925, page 7.

The Provincial Board of Health of Ontario

Communicable Diseases reported for the Province for the Weeks ending August 1st, 8th, 15th, 22nd, 29th, 1925

COMPARATIVE TABLE

Diseases	1925 Cases	1925 Deaths	1924 Cases	1924 Deaths
Cerebro-spinal Meningitis	4	1	9	5
Chancroid	1	..	1	..
Chicken Pox	133	..	175	..
Diphtheria	244	10	269	16
Encephalitis	4	2	1	1
Gonorrhoea	112	..	175	..
Influenza	2	2	18	3
German Measles	4	..	15	..
Measles	164	..	879	3
Mumps	43	..	180	..
Pneumonia	..	37	..	45
Poliomyelitis	19	..	3	..
Scarlet Fever	141	2	337	7
Septic Sore Throat	..	..	3	..
Smallpox	7	..	6	..
Syphilis	112	..	121	..
Tuberculosis	133	44	156	74
Typhoid Fever	111	5	120	8
Whooping Cough	305	10	300	4

JOHN W. MCCULLOUGH.

News Notes

The staff of the medical inspection of schools service of New Brunswick has with June 30th completed the work for the year, of all schools, except perhaps half a dozen, out of over 2,000 in the province, of whatever rank and in whatever situation have been inspected during the year. This is a very considerable advance, so far as completeness of examination of schools is concerned, upon the school year of 1923-24.

The second or third examinations of the schools have proved to take up considerably less time individually than at the outset of the service. The total population attending school at the present time, with very few exceptions, have been successfully vaccinated, at least once, and this applies to teachers as well as pupils.

No school during the year noted has been closed because of smallpox, nor has there been a single case of smallpox in any school child.

A very considerable proportion of deformities and defects met with have been abated or removed, in consequence of the reports of our inspectors to the parents or guardians. This proportion is between one-third and one-half of all such defects, a percentage comparing fairly well with other political units, to which, in some instances, the inspectoral service is not so universal as it is in New Brunswick.

The Provincial Board of Health of the Province of Alberta has put into effect regulations governing Barbers, Barber Shops and Barber Training Schools. It is anticipated that by strict adherence to these regulations the spread of infectious and contagious skin diseases will be considerably lessened. These regulations are intended to deal with all hair-dressing establishments, and it is made compulsory for each such establishment to display, in a conspicuous place, a copy of these regulations.

The Board has also issued regulations in regard to the proper heating and ventilation of theatres.

Book Review

A book which we highly commend to all who are interested in the problem of giving accurate but interesting information to young children regarding themselves, their bodies, and how to live healthy, happy lives, is "Yourself and Your Body", by Dr. Wilfred F. Grenfell, of the Grenfell Mission in Labrador.

Dr. Grenfell, in his preface, frankly states, "that the book is a venture, but that having two sons who had just reached the age of ten million whys? hows? and whens? and wheres? it occurred to me that they would respect the development of their bodies more if they understood more about them; and that they certainly should be as much interested in the perfection of their bodies as in that of their studies of birds or collection of postage stamps".

Written then to meet the needs and answer the myriad questions of his own children, this admirable book by Dr. Grenfell is certain to prove not only useful but thoroughly attractive to all children. It is well produced in every sense of the word, well written, well bound, well printed, and surprisingly well illustrated. Dr. Grenfell has utilized in its production not only his skill as a physician, but all his knowledge of men, and a most surprising talent and humour as an illustrator.

No child opening this volume at random and seeing one of the delightfully funny demonstrations of some scientific fact, is likely to willingly lay it down again without thorough investigation of its attractive contents.

The book is a real and very valuable addition to a home library. It will help all parents and all children to a better understanding of themselves, of life, of health and right living, and it will amuse quite as much as it serves.

"Yourself and Your Body", by Wilfred T. Grenfell. Chas. Scribner & Sons, New York; Copp Clark Co. Ltd., Toronto.

Editorial

A HEALTH PROGRAMME FOR CANADA

Again Canada is in the throes of an election campaign. Again the tariff and Senate reform seem to be the slogans on the tongues of candidates all over the country, and again vital issues, which should occupy the minds of voters and suppliants for their favour alike, are neglected. One wonders sometimes why it is that Parliament spends so many weary hours discussing topics of trivial importance, but doubtless such a condition is but a reflection of the degree of public information and public education in the country at large. Were vital issues always discussed on the hustings there would be time for little else in Parliament.

Health and organization of the country for health are matters seldom discussed either in Provincial or Dominion elections, in spite of the fact that both in the Dominion and the Provincial field there have been Ministers of Health for some years. The reason is probably that extraordinary turn of human nature which leads people to clamour for the redress of supposed wrongs, or for the obtaining of some concession, and then complacently satisfy themselves with the form rather than the substance. Women's organizations, labour councils, medical associations and other groups agitated for years for a Minister of Health at Ottawa. Having obtained their desire on the whole they have been content to sit still waiting, like our old friend Micawber for something to turn up. One would suppose that the news that in an important election campaign no leader has a single word to say about either health issues or the appointment of a Minister of Health may be translated to mean that in the eyes of leaders and electors alike health as an issue is negligible and that the Micawber-like attitude of the protagonists of the health-in-politics idea is having its just reward.

One difficulty has been that no one appears to have taken the trouble to try and find out just what the situation is as regards health and disease in Canada. Realizing this the Public Health Journal has undertaken to get together some information. This information will be published in the form of a paper shortly. Meanwhile a very brief statement is given here.

It is estimated that there are probably 180,000 individuals constantly ill in the Dominion, that this figure includes 70,000 persons gainfully employed and that altogether the result is the loss of 21,000,000 work

days to Dominion industry. It is estimated that 45-60% of disease is preventable, and that from 29-35% of existing mortality is preventable. Using as a basis the calculation utilized by the National Health Council as applied to disease in the United States, it is stated that disease probably costs the Dominion of Canada the vast sum of $270,000,000 per year or an amount equal to about seventy-five per cent. of the entire Dominion Government expenditure for the year 1924.

The machinery which we have developed for dealing with this appalling situation is obviously inadequate and so badly financed that every day the lives of Canadians are sacrificed, industry is damaged, destitution and crime increased and the social fabric weakened. It is no excuse to say that one province or one city does excellent work in a particular field. The fact is that as a Dominion our health work is ineffective, that disease and death are not prevented as they should be and that on the whole the reason is the persistence of a parochial point of view. There is one and one only exception, one field in which work is being carried on continuously all over the Dominion at once and that is the field of Venereal Disease control. Fortunately for the country, the Dominion view point developed in the most serious disease field first.

This editorial is brief as editorials must be and it does not summarize the matter fully. The Public Health Journal wishes to point out, however that now is the time to act if ever. If the people of Canada desire a real effort to solve the most serious and vital problem with which the country is confronted—the problem of life or death, health or disease for its own people—they will have to take the law into their own hands by demanding that their representatives act. The Public Health Journal appeals to its readers and to the public generally to make a careful study of the question now and before election time comes to go to their candidates privately and publicly urging on them the necessity for a real Dominion Health programme. Only by such methods can we achieve success. Fuller details as to existing conditions and prospective plans may be obtained from the Public Health Journal on application.

PENITENTIARY EDUCATION

Some days ago a Kingston despatch to *The Globe* recorded the interesting fact that two out of the three inmates at Portsmouth Penitentiary who recently wrote on their junior matriculation examinations had proved successful.

This news has most encouraging significance. As *The Kingston Standard* points out, it is "striking evidence of the new idea in penitentiary administration"—that inmates are no longer regarded as criminals with little chance of reclamation, but are recognized as human beings with hopes and aspirations and possibilities, and that a real effort is being made to educate and reclaim, so that upon liberation they may become useful members of society and live down the past.

Much progress has been made along the lines of prison reform—but nothing is more satisfactory than the knowledge that those in charge of the administration of our penal institutions are now offering opportunity to inmates to use part of their time in acquiring an education and in testing results by the standard departmental examinations. This is giving the penitent—eager to "come back"—a real chance. It provides him with a purpose and an impetus. It enables him better to equip himself for the fight which must always take place when he returns to the life outside.

There is perhaps reason to question the course seemingly pursued in many United States prisons, where, according to all accounts, favoured inmates are pampered and mollycoddled. But the course of the Canadian Department of Justice in affording prisoners an opportunity seriously to carry on study, improve their minds and prepare themselves for their work in the world is wholly commendable. The changed spirit that now governs the care and conduct of those who have done wrong and are paying the price is one of the most encouraging signs of the times. Men no longer "rot in prison cells". If they will, they may make the period of punishment serve also as a period of preparation for better days ahead.—Reprinted from *"The Globe"*, Toronto.